St. John's Lutheran School 4500 Buena Vista Road Bakersfield CA 93311 (661) 664-8090 1st-8th Grade



Grade child will enter for school year 2024-2025	
Student's Name	Preferred first name
Social Security No Gender	Date of Birth
*Citizenship *Native Country	*Race
School attended last year(Include Address, if different than St. Jo	shn's)
Language spoken in the home	nn s)
Parent/Guardian Information	
If both parents are NOT legal guardians, please indicate relationship as	nd address of legal guardians.
☐ Father Step-father Grandfather Legal Guardian other	(explain)
Name Email	
Home Address	Zip Code
Occupation Employer	
Home phone Cell phone	Work phone
☐ Mother Step-mother Grandmother Legal Guardian other	(explain)
Name Email	
Home Address	Zip Code
Occupation Employer	
Home phone Cell phone	Work phone
☐ Parents live together with student	
☐ Parents live separately	
☐ Student lives with other adult(s) in home	
(Please explain	n)
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Are you a member of St. John's Lutheran Church? \Box Yes \Box No (i	f no, please fill in the information below)
Please list the church you attend regularly or are a member of	
Has student been baptized? \Box Yes \Box No (if, yes) Date	

^{*}Mandatory for school statistical reporting

Student's Name	Grade child will enter	for 2024-2025 school year
Are all educational accounts at St. John's or an current at this time?	y other private school considered	ST. JOHN'S BAKERSFIELD
Has student ever:		
Been recommended to repeat a grade?	□ No □ Yes	
■ Repeated a grade? □ No □ Yes		
 Been dismissed or suspended from any 	school for any reason? No	□Yes
If yes, please explain (include name of	School and principal)	
St. John's retains the right to dismiss any stude welfare of the child or the school requires such		
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Other children attending SJLS in 2024-2025		
Name		Grade
Name		Grade
Children attending St. John's Children's Cente	r in 2024-2025	
Name		Full-time/Part-time
Name		Full-time/Part-time

EXTENDED CARE

Before School Session: 7:00-8:00 AM After School Session: 3:00-6:00 PM

Before school Session \$2110.00/year (\$211/10 months)
After school Session \$2650.00 (\$265/10 months)
Both Sessions \$3560.00 (\$356/10 months)
Fees are paid on a 10 month basis (August through May)

Student's Name	Grade child will enter	for 2024-2025 school year

2024-2025 EMERGENCY CONTACT INFORMATION



Should an emergency situation arise during the school day or in Extended Care with your child, **the parents/guardians will be called first.** *If parents cannot be reached*, we will contact the people listed below in numerical order.

Relationship	(1) Name	Relationship	Phone	
(4) Name				
If the physician or any of the aforementioned persons cannot be reached, we (I) hereby authorize St. John's to act in our (my) stead, signing needed releases for medical care, and this care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my child. Physician to be called in emergency Phone Medical Insurance Company Hospital preference Dentist to be called in emergency Phone List of allergies: food, medicine, etc Allergy form must be completed and submitted to the office prior to the first day of school. List of prescribed medications your child is taking All medications will be kept in the school office. Consent to administer medication form must be on file in the school office before medication can be disbursed. This form is complete when signed and returned to the school office with the (non-refundable) registration at book fees. Signature of Parent/Legal Guardian Date	(3) Name	Relationship	Phone	
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Dentist to be called in emergency Phone	conditions are necessary to preserve the life, limb or we		being of my child.	
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